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A CASE OF BRAIN DISEASE CHARACTERIZED BY DOUBLE RETINITIS, LOSS OF INTELLECT AND PROGRESSIVE GENERAL PARALYSIS.

Read before the Indiana, Illinois and Kentucky Tri-State Medical Society, October 27th, 1875.

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On account of the peculiar difficulties surrounding the study of the disordered conditions of the brain, their prognosis and treatment, such cases are watched, and their history noted, with more than ordinary interest. The greatest cause of these perplexities has been well expressed by Dr. Watson,* as being due to the fact that the very same symptoms accompany alterations of the brain of the most opposite kind; while changes of structure, absolutely identical in their nature, are associated with totally different symptoms. In fact, until recently, very few of the many obscure cases of brain trouble were properly diagnosed prior to the revelations made by the autopsy. Fortunately, since the discovery of the ophthalmoscope and its uses, many of these cases are now made out weeks, and even months, before the patient suspects that he is laboring under any very serious lesion. With the hope of contributing something of interest in the history of the occasional cases that are presented, I offer the following, premising by saying that although

many cases have been recorded of a similar nature, yet in some of the phases presented during the progress of the case herewith reported it differs materially and widely.

CASE.—F. T., merchant, aged 60, habits sedentary, very plethoric, weight 200 pounds. A high liver, but uses no spirituous or fermented liquors. May, 1874, states that some five years ago he had an attack of what was pronounced by the attending physician sunstroke, from which he soon recovered. Had no further trouble of any kind until March, 1872, when he discovered a rapid loss of vision in left eye. In April of the same year he consulted Professor E. Williams, of Cincinnati, who diagnosed detachment of the retina, and of course, regarding the case as hopeless, ordered no treatment. Six months afterward he found, to his surprise and great delight, that the power of vision was returning, and he could distinguish faces quite well with the sound eye covered. A short time after this the right eye began to fail, traveling, to use his own expression, the same road the other had gone at first. Such was the history of the case as he gave it to me in May, 1874. General health seems to be excellent. A careful examination of urine showed nothing abnormal; no albumen, no tube casts. Heart sounds normal. The patient declares there is nothing the matter, only that he is losing his sight. Externally the eyes appear perfectly normal. Conjunctiva not injected, and action of pupils good. There was a constant dark-colored circle around the field of vision, but which, on looking intently at a given object, gradually became more and more transparent. Suffers no pain whatever, and never has. No

* Practice of Physic.

ophthalmoscopic examination was made, and the case was supposed to be one of tobacco amaurosis. He was put on the use of iron and strychnia and iodide of potassium, which were continued perseveringly for a period of three months, during which time there was little change in the state of vision.

In September I took the patient to consult Dr. Williams, who, on making a most thorough examination with the ophthalmoscope, found existing double neuritis, with evidence of extensive hemorrhages, the effusion into the vitreous humor nearly covering the optic discs. Here there was a case of retinitis that, from the man's history and present condition, was not due to either syphilis, alcoholism, or albuminuria. The only feasible way, then, was to conclude, by way of exclusion, that the cause was intercranial, with all the probabilities in favor of a tumor at the base of the brain, as the history was not such as usually accompanies chronic softening. These conclusions being correct, the prognosis could, of course, be made with great accuracy. The patient was ordered to continue the use of the iodide of potassium, in as large doses as he could bear, and to have a full dose of compound cathartic pills twice a week. A large seton was put in the nape of the neck, and an abstemious diet ordered, hoping, not so much for any reduction of the size of the tumor, but rather to check further mischief, and thus, at least, prolong life.

October 5th. Patient thinks his vision is decidedly better with left eye; the other unchanged. Treatment continued.

October 15th. Sight has been perceptibly improving, and the man has great hopes of recovery, the gravity of his disease not having been made known to him.

November 1st. Has still been better, until this morning, when, on awakening, patient found his vision less distinct; complains of a difficulty in locomotion; says he feels as though he were drunk. There seemed to be not so much a paralysis of the muscles of the extremities, but rather a lack of the power of co-ordination of muscular movements. There is also a slight indistinctness of articulation; so slight, however, as not to attract the attention of the casual observer. The expression of his countenance is changed into that peculiarly silly and meaningless look so graphically portrayed by Da Costa.*

* Medical Diagnosis.

November 15th. Patient's condition has remained unchanged in most respects, the mental disturbance being more marked, and state of vision rather improved.

December 1st. Vision has been much improved again, but two days ago got suddenly worse. The improvement was due, no doubt, to the absorption of the previous hemorrhages, and the relapse occasioned by a recurrence of the same trouble. Indistinct articulation decidedly more marked. Complaints of loss of memory and weakness of extremities. Slight anæsthesia of skin; appetite still good; urine free; suffers no pain. Weight 180 pounds; a loss, in two months, of twenty pounds. A second seton was introduced in the nape of the neck, and the patient ordered to discontinue the compound cathartic pills. Iodide of potassium to be continued.

December 10th. No change has occurred, except a very slight increase of the paralysis. Vision the same; still rests well at night, and suffers no pain whatever. Shuffles his feet along in walking, being unable to get them up off the ground any distance, but sweeping them round, more as do persons with hysterical paralysis than in cases of paraplegia. Discontinued all treatment, except a placebo ter die, and to order friction and hot baths to extremities.

December 31st. But little change since last record until on seeing my patient this morning, when I found him unable to stand without help. Talks very indistinctly, protrudes his tongue slowly and with difficulty, but directly forward. Pupils dilated, and react sluggishly. Increased anæsthesia of lower extremities. The expression of his countenance is decidedly idiotic. Appetite good, tongue clean, pulse normal, bowels regular, and suffers no pain. Is very stupid, and sleeps constantly, except when aroused to eat. The drowsiness continued until January 3d, a period of four days, when he began suddenly to be restless, and showed symptoms bordering on a state of furious mania. To have one-eighth of a grain morphine sulphas every three hours until he was quiet.

January 4th. On visiting my patient, found but little change; has slept some, but when not under the influence of the morphine is still restless, showing at times only a condition of mental wandering and imbecility, then becoming more and more furious, until for several minutes he is a raving maniac, requiring force

to be kept in bed. Pulse 75, full, soft and natural; tongue slightly furred, and appetite not quite so good. Some bronchial irritation was noticed, which I supposed would increase, as is usual in such cases, until he would die asphyxiated. Examined urine for albumen, and found no trace. Ordered forty grains bromide potassium every four hours, when awake.

January 5th. Had a restless night; mental condition much the same, but is, at intervals, more rational. At such times is fond of talking about his eyes, and testing his power of vision, which is unchanged; can distinguish objects, but not faces. Pupils contracted, and still sluggish to the action of light. Is still furious at times. Pulse 85, and rather hard; appetite poor; bowels costive; urine free, but highly colored; a most offensive breath. The bronchial difficulty seems to have entirely disappeared. Gave cathartic, and is to get thirty grains hydrate chloral as often as necessary, to keep him quiet.

January 6th, 8 A. M. Passed a quiet night; still suffers no pain. Cathartic operated well; is still furious when awake. Articulates very indistinctly; tongue seems to be almost completely paralyzed, is heavily coated, and very dark. Pulse 95, smaller and harder. Continued the chloral as often as necessary. At 6 P. M. found my patient had been restless most of the day. Seems very much weaker, and is very thirsty. Has taken but little nourishment. His tongue is badly swollen, and dry, and stiff as a piece of wood. Can hardly make his wants known. Extremities warm, and no increase of paralysis. Vision remains about the same. Continued chloral.

January 7th. No change noted. To have the chloral alternated with bromide potassium.

January 8th. On making my morning visit, learned that he had been quiet most of the night. Present condition very much changed. Pulse 120, small and wiry; respirations 14, regular and easy. Pupils greatly dilated, and fail entirely to respond to the action of light. Is incoherent and unintelligible. Passes urine freely and involuntarily. Is to have what nourishment he can be induced to swallow, and brandy and water occasionally.

January 9th. Patient was stupid during the entire night. His condition in most respects is unchanged. Still breathes easily and regularly, fourteen to the minute; pulse 130; pupils

still dilated; and skin bathed with a clammy perspiration. Can only be aroused with difficulty, and is then apparently conscious of but little. Tongue enormously swollen. He remained in this condition until midnight, when he again became restless and wild for half an hour, but is too much exhausted to be troublesome.

January 10th, 8 A. M. Patient perfectly comatose; pulse 150; respiration 12, and stertorous. Condition in other respects unchanged.

8 P. M. Pulse 160, and so small as to be scarcely perceptible at the wrist. Respiration six to eight, but breathes more quietly. Has not been roused up since morning. Bowels have not moved for two or three days. Still urinates frequently. Died by coma at eleven P. M., without a struggle or the twitching of a muscle.

The diagnosis in this case, as to the precise nature of the brain trouble, was not verified, as no post-mortem examination was allowed.

Reviewing, however, some of the symptoms and the general history of the case from its inception, we find that the partial loss of vision was the first circumstance that evinced any sort of trouble to this man. There was no heart disease and no disease of the kidneys. These things being excluded, then come up for consideration softening of the brain, chronic meningitis, and a brain tumor. Now, in patients affected with either of these diseases, the symptoms and history, of course, vary greatly,* yet there are certain series of manifestations that are usually attributed to each. All who have written on this subject, as far as my observation extends, unite in giving as one of the most prominent and earliest symptoms severe and continued pain in the head. The existence of softening† is differentiated from tumor by the headache being dull and persistent, instead of violent and paroxysmal. In this case there was never any headache, nor pain anywhere.

When a tumor is present there are said to be almost always epileptiform convulsions;‡ in this case there was nothing of the sort, unless, indeed, the attack (called at the time sunstroke) should be called in question, which is hardly possible, as the man had uninterrupted good

* Watson.

† Da Costa.

‡ Ibid. Vide Dr. Woodbury's report of Professor Da Costa's case at the clinic of the Pennsylvania Hospital, in the MEDICAL AND SURGICAL REPORTER for January 1st, 1876.

health for a period of five years afterward. Yet, taking the history of the case from its inception to the end, I incline to the opinion that this man died from a tumor in the base of the brain, pressing on the optic tract and the parts adjacent. I wish now to be allowed briefly to allude to the almost entire recovery of vision in the eye first affected, and which had been diagnosed as detachment of the retina. If the diagnosis was correct, the recovery, although temporary, was certainly remarkable. Another point I wish to notice is in regard to the invaluable aid of the ophthalmoscope in these obscure cases, in which, without its help, we should be groping in constant darkness. While in this case it did not determine the exact nature of the disease, yet it was sufficient to enable the making up of a prognosis of absolute accuracy. In thus calling the attention of general practitioners to the necessities demanding their use of this instrument, formerly thought to belong exclusively to the oculists, I know that I run the risk of calling down on my head the anathemas of some who believe in nothing that is new, and are forever fretting about such innovations as the microscope, the hypodermic syringe, the various speculi and the ophthalmoscope. To all such, I would quote a single sentence from a famous surgeon, M. Verneuil,* who says:—"In approaching the difficulties of clinical study, the present generation arms itself at the outset with all the resources which are generally lent by the sister sciences; it holds out its hands to the ancients, and to the moderns, to the English, the Germans, and the Italians, in order to borrow facts and ideas; it divides its time between the laboratory and the dissecting-room, the library and the hospital; in a word, it renounces no source of instruction, being neither so senseless nor so vain as to repudiate whatever may render science more complete, and practice more efficacious."

SALICYLIC ACID IN CHRONIC OTORRHOEA.

BY D. A. HENGST, M. D.,
OF DIXMONT, PENNA.

The difficulty of arresting chronic aural discharges is only too well known to the profession; and in a great many cases, the patient, after passing the rounds of all the doctors, and having

exhausted upon him nearly the entire materia medica, is no better than when he first begun.

Very often the difficulty lies in a want of proper cleansing before the application, and the use of irritating substances which, instead of alleviating, will increase the discharge. Now, chronic ulceration of the ear will, generally, require the same treatment as chronic abscess of any other part of the body. First and foremost of all is thorough cleansing, and the removal of all pus and offending matter in the ear. The best method is syringing with warm water and soap. This must be done gently, lest, in case of ulceration of the tympanic membrane, which has not yet proceeded to perforation, it might be ruptured, and thus entirely destroy the hearing of the affected side. But in cases the result of scarlatina, the ulceration has, generally, destroyed the tympanum before they fall into the hands of the physician; and, although the hearing cannot be restored, the patient desires to be cured of the pain and offensive discharge, which, in a great many instances, they have had, for years. The most common remedies with us, until lately, have been nitrate of silver, in from twenty to thirty grains to the ounce of water, injected into the ear every third or fourth day; sulphate of zinc, and Goulard's extract, with the addition of a few drops of laudanum to the latter. It has always been our habit to apply these remedies ourselves, and to discontinue them if they caused too much pain.

Having lately seen considerable advantages derived from the application of salicylic acid to ulcerated and inflamed surfaces, I determined to try its effects in chronic otorrhœa, and will report the following case as the result of my observation.

G. W. Mc., aged 25, applied, September 1st, 1875, for treatment, with the following history:

He had scarlet fever when about five years of age, and since then has had a continuous discharge from the left ear; also, at times, has considerable pain in the affected ear, and entire loss of hearing of the left ear. With the exception of occasional attacks of indigestion, his general health is excellent. Upon examination, we found the tympanic membrane entirely gone, which he confirmed by closing his mouth and nostrils, and forcing air through the ear. The lining membrane of the parts was greatly hypertrophied and reddened, and almost entirely concealed by offensive purulent matter. The discharge was so excessive, that in the morning he

* *Gazette Hebdomadaire*, September, 1860.

would frequently find his pillow stained. The patient, being a highly intelligent young medical man, had left no stone unturned toward effecting a cure, and had used all the means appropriate to such cases, but with no success. After thoroughly cleansing the ear, we blew into the cavity, through a quill, a powder consisting of equal parts of salicylic acid and oxide of zinc, its presence causing no inconvenience whatever. In a few days the ear was again examined; the discharge was considerably diminished, but the oxide of zinc hardening in the ear, we this time used one part of the acid with two parts of calcined magnesia, and this had a more desirable effect. These applications were continued, on an average of about two per week, finally using nothing but the pure acid, pulverized, but every time thoroughly cleansing the ear before making the application. The discharges and pain gradually diminished, the cavity of the ear less reddened, and by the middle of December, three months and one-half after the first application, all discharge had ceased, and the cavity of the ear had a natural appearance; he was pronounced well.

PNEUMONIA OF MALIGNANT TYPE.

BY L. N. DAVIS, M. D.,
Of Farmland, Ind.

Owing to the extreme fatality of pneumonia in our section this winter, I am led to report a few cases which have fallen under my care, and hope thereby to put others on the alert, as this is the time of year at which it is most prevalent.

Last winter I treated, I think, fifteen cases of croupous pneumonia, for it was much more prevalent than it is this winter, with but one death. This winter, thus far, I have treated four cases, with two deaths. Such is about the rate of fatality, fifty per cent., in this disease, in the practice of some of my neighboring physicians, also; and it is certainly altogether unusual. I presume it is of about the gravity that it was in New York last winter, when, at a stated meeting of the Academy of Medicine, its etiology and treatment were the subject of discussion. (MEDICAL AND SURGICAL REPORTER, Vol. xxxii, No. 13, p. 246.)

Professor Flint, by whom the discussion was commenced, says: "Pneumonia is a disease showing marked diversities in its nature in different places, and at different times." Do

these diversities depend wholly and intrinsically upon the cause of pneumonia, the extent of the exposure, the severity of the poison, as perhaps indicated by Professor Flint, or upon the condition of the patient as produced by previous or concomitant influences? As, for instance, that which produced our epidemic influenza three years ago, of which we still have a few cases; not epidemic, however. Is it not possible that such an influence might render pneumonia slightly different in its nature and more fatal in character? Professor Flint, in his practice, says that in pneumonia occurring as a primary disease, limited to a lower lobe, and without complication, in persons of a fair constitution, the intrinsic tendency is to recovery. Such has generally been my experience, but this winter the intrinsic tendency is toward death, by the extension of the disease.

Of my cases, the history runs as follows:—Isaac B., age 53, carpenter; fair constitution; never has had much sickness; took a chill December 13th, in the night. December 15th, complains of pain in right side; slight cough; has expectorated one or two rusty sputa. Temperature 103; respiration slightly hurried and painful; pulse 72, full and compressible. Presents all the physical signs of pneumonitis of lower lobe of right lung, with the ordinary train of constitutional symptoms. Progressed favorably enough up to 20th, there being no material change in symptoms except in cough and expectoration, which entirely disappeared. 20th, complains of chilly sensations, shortness of breath; wants to be fanned; has pain in left side; temperature 103½; pulse 80, feeble; respiration 45. Examination showed solidification of left lung. Rapidly grew worse, and died at 3 P. M. on 21st, by apnoea.

George M., farmer, aged 60; good constitution; never had any sickness since he was grown; had a chill in the night, February 10th. Saw him on the 11th, in evening; has pain in right side; slight cough; has expectorated a little rusty matter once or twice; temperature 104, pulse 80, respiration 32. Has all the physical signs of pneumonia, involving lower portion of right lung. Progressed favorably enough, there being but little cough and no expectoration, till the 16th, when he complained of being chilly and cold, slight pain in left side, great difficulty in breathing, etc. 17th, pulse 96, temperature 104½, respiration 42. On examination found left lung involved in the pneu-

monitis to the extent, perhaps, of the whole of the lower lobe. Continued to grow worse, and died at 1 A. M. on the 18th, by apnoea; pulse being full and regular a very short time before death, when last I saw him.

Robert D., aged 21, fair constitution, was attacked with chill and pain in right side, December 1st; no cough nor expectoration; pulse 68, temperature 102. December 3d, has all the physical signs of pneumonitis, involving lower portion of right lung. December 8th, is chilly, pain in opposite side, great dyspnoea, labored action of heart, etc. The following day disclosed solidification of lower and posterior aspect of left lung. Boy recovered perfectly, but slowly.

My fourth case was unilateral, and presented nothing peculiar.

My treatment, in all of the cases, consisted in the application to the affected side of large poultices of mustard and flaxseed, in the early part of the disease; afterward small blisters, which were kept up; and in the use of opiates sufficient to allay pain; quinia, from the beginning, in 3-grain doses every three hours, to which, after the third day, were added five grains of carbonate of ammonia, and brandy, in varying quantities, as patient could take it. Saline purgatives when necessary, and veratrum when indicated by frequent pulse and dry, hot skin.

MEDICAL SOCIETIES.

PROCEEDINGS OF THE MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

The Use and Abuse of Various Agents for Expediting Labor.

BY S. W. SELDNER, M. D.

Reported expressly for the MEDICAL AND SURGICAL REPORTER, by G. L. Wilkins, M. D.

It is difficult to treat a subject which in so few words embraces such an extensive train of thought, and especially a subject in reference to which opinions differ so vastly. It must be confessed that, after practicing for a certain period, medical men treasure up certain dogmas to which they adhere with a degree of persistency that is certainly marvelous. Nothing will dissuade them from again adopting what they have always been in the habit of using. They believe as much in the use of the binder as a measure of safety from hemorrhage after delivery, and as a support for the distended uterine fibres, as we of the present day do of iodide of potassium in syphilis. Yet its use

can be dispensed with, and I have met patients to whom the same was annoying. I do not wish to infer that it must be thrown aside. There are certain cases which demand its application, as, for instance, rupture of the uterus; in this particular complaint the presence of a well-graduated compress and binder will tend to keep the uterus *in situ*, and prevent a recurrence of prolapsus of the intestines and its consequences. But for simple, easy and natural labors it is practically useless, although this is one of the many humbugs in our profession in which we are compelled to consult the wishes of our patients; not that we have any say in the matter: fashion demands that it should be brought into requisition, and we are supposed to be the dispensers of that peculiar kind of fashion, hence we must comply.

There are a certain class of remedies the application of which gives us at times, I might say generally, such beautiful evidences of their value in the practice of our art, that, should indications present themselves, we would not hesitate to administer them. Under this head I would embrace the preparations of opium, hot drinks, and the hot bath. Their action is easily understood: they tranquilize the nervous system by ameliorating or removing the pain which is present in nearly every labor, and in this way permit the uterus to undergo its normal function of contraction and relaxation; in other words, they act as muscular tonics and nerve sedatives. Many cases, through the use of these agents, have terminated naturally, which at first sight it was feared would require instrumental interference. I remember an instance, when there were three or four Americans (including your humble servant) and a number of German and Austrian physicians assembled in the delivery wards of Professor Carl von Braun's clinic, when Dr. Chiari, who was then one of the clinical assistants of Professor von Braun, informed us that he would perform craniotomy on a patient who was at that time in labor, and had been so for eighteen hours or more. The patient was a multipara, who had previously given birth to two children, which she said were under the medium size and weight of children born at maturity. The pelvis was narrow, the antero-posterior diameter measuring three and a half inches; the head was above the superior strait and movable. Everything was in readiness to carry out the proposed operation, but Dr. Chiari thought it his duty to inform Professor Braun, who resided in the hospital, of the proposed procedure in the case, and he ordered a hip bath for the patient and left the ward. Professor Braun, who accompanied him upon his return, was very much astonished to find his craniotomy patient in the expulsive effort of giving birth to a very fine child. I am confident instrumental interference would have been necessary had not this remedial measure been brought into use.

One of the most abused agents that obstetricians are wont to prescribe is ergot, in its dif-

ferent forms. That the remedy, when judiciously applied, is followed by a remarkable increase in the uterine contractions, no one will doubt; but I said *judiciously applied*, consequently this requires an explanation. In this country it is given without regard to the condition present. Whether the subject be a primipara or pluripara, it remains the same; all that is required is, that the labor should be somewhat tardy. The uterus must be stimulated to contraction; ergot did it in a previous case; ergot will do it again. But the question to be answered is, whether ergot is safe when administered previous to the birth of the child. I think not, and will advance my reasons for the assertion. In a primipara the soft parts are very unyielding; as a natural consequence, labor goes on slowly; the presenting part makes but little progress. With every uterine contraction the cervical tissue elongates. The elongation of any tissue is, generally, attended with that process known as "thinning;" and Meigs, in his treatise on obstetrics, says:—"A uterine pain caused by the ergot may last twenty minutes, or even half an hour, without a moment of suspension." Now, considering that such a case were to present itself to us, and we would administer ergot, would we not add greatly to the production of an irreparable injury, as rupture of the uterus and vagina? Women who have previously given birth to children require no agents to hasten labor; they generally manage to get through unassisted, and should there be any tardiness, the same may be attributed to some pelvic contraction, or abnormal rigidity of the soft parts; and pelvic contraction, or rigidity, is just the condition which contra-indicates its use. In this assertion I have the endorsement of Ramsbotham, who says, in his "Obstetrical Medicine and Surgery," page 213:—"Its exhibition must not be thought of in any case where a disproportion exists between the head of the child and the pelvic cavity; we should incur great danger of contusion, inflammation and laceration. Neither must it be exhibited where there is a disposition to rigidity of the parts—either the os uteri, the vagina, or the perineum—through fear of the same dangers." In such cases we will do far better by watching the condition of the mother and child; and should the indications demand it, we can resort to the use of instruments."

That ergot is contra-indicated in malpositions and abnormal conditions of the fetus, such as hydrocephalus, is self-evident, and need not be explained. But before concluding with ergot, let me state that a number of still-births which we at times meet, especially after the administration of the drug, might be attributed to its maladministration, and in such cases the tonic and the persistent contraction which the uterus was compelled to undergo compressed the cord, and in this way cut life short; therefore, I consider ergot safe, and only then, when the uterus is completely evacuated.

Abdominal friction is one of the very best agents for expediting labor, but I think its

general application needs some explanation. It is an erroneous assertion that labor may be speedily terminated by bringing a great pressure to bear upon the uterus; and by squeezing the abdomen we would cause the fetus to more hurriedly traverse the maternal parts. By gentle friction and pressure we excite healthy contractions; but as for squeezing the child out, as we would squeeze some semi-solid matter through a cloth, it is ridiculous, and carries the evidence of absurdity upon its face. I am in the habit of stimulating the uterus through friction, but I never practice it to such a degree as to call forth entreaties from my patients to desist. When once the uterine or abdominal muscles contract and become tense, it is useless for any one to think that pressure will influence the expulsion of the fetus. You might lay a hundred-pound weight on the contracted muscles, and they would yet be so rigid and resistant that even relaxation would be entirely out of question.

Rupture of the Membranes. This is an interference which has its merits and demerits, and its general applicability must be studied in each and every individual case. That it hastens labor to evacuate the amniotic liquor cannot be doubted, but that it is not advisable in every case will be clear. Its method of action is entirely mechanical. By allowing the waters to drain away, the cavity of the uterus is diminished; so that you do not alone permit the uterus to exert its action upon the fetus, which was formerly directed to the bag of waters, but the uterus, contracting from above, forces the but partially resisting head into the cervix, whose fibres are distended, and are kept distended during the stage of quiescence by this measure, while during the absence of a pain the bag of waters collapses. In this way we bring a play to bear against the cervix, which more readily distends it, and allows it to retract over the head. Rupture of the membranes must not be practiced indiscriminately, as it at times incurs the life of the child. In primiparæ it should only be done when the presenting part (that is, if the presentation is normal) is low down, and the os considerably dilated. By opening them when the os is yet small, we cause the patient considerable suffering, the uterine contractions after rupture of the membranes being decidedly stronger than they were prior to their evacuation.

In a multipara with a normal pelvis and head presentation, I generally rupture the membranes at the earliest opportunity afforded me. I know that we can do no harm, as the parts yield very readily; but care must be taken, should the head be above the superior strait, that nothing but the head should entirely cover the os. It is a custom with some physicians to withdraw their fingers from the vagina the moment they have succeeded in evacuating the amniotic liquor; but this is injudicious practice, as at times there is so much fluid that the umbilical cord, or a hand or foot, is washed down with the first gush of water; and if these are

not replaced at once, you have either a weeping family, or a difficult case to contend with. It is, therefore, a good rule, never, in such cases, to rupture the membranes until the head dips deep enough into the excavation.

Electricity, as a means of expediting labor, is a measure seldom if ever resorted to, and in the practice of our art we have so many better and reliable agents, that it must of necessity fall into disuse; but as an energizer to an atonic uterus which threatens life from post-partum hemorrhage, I think it deserves being mentioned. In a hospital, where all that is required in conducting a labor is at hand, it may be, and I have no doubt it has been, applied with success; but the practitioner who is not a specialist would find it cumbersome to carry.

Belladonna Ointment. This remedy, in my estimation, is worse than useless; and, in the majority of the cases where it has been tried, the physician was afterward called to treat the symptoms produced by the absorption of the drug. Why is it applied? To tell the truth, I have never seen an explanation, nor have I seen a description of how it acts physiologically in expediting labor; but I have a faint idea concerning the false theory which brought it into use. The supposition was, that its happy effects in dilating the pupil would act similarly upon the cervix uteri; but this theory is practically erroneous, and, even if true, can have no value, as the dilatation of the cervix is only influenced through the propulsive action of the uterus, and the more rhythmical the propulsive action goes on, the sooner will labor be completed. If in the event the agents that I have enumerated as being true expedients of labor should not act as we would wish them, then a timely and efficient use of the proper instruments will overcome the existing difficulty.

Dr. A. B. Arnold. There are two causes that frequently retard labor, and are worthy of mention: rigidity of the os and failure of the head to make complete rotation. Rigidity of the os is most frequently met with in primiparæ, and may be overcome by the administration of chloroform, opium, etc. Opium may be used to great advantage in this class of cases, and we have an early evidence of its operation in the glairy mucus which is discharged after its administration. The forceps will often succeed in correcting incomplete rotation; even if

we do not succeed in locking them, the effort of introducing the blades will serve to remedy the mal-condition. Kneading, a process so successful in the hands of others for expediting labor, has not proven so satisfactory in my hands. It is a peculiarity with some women to rest unusually long between the pains, and when there is nothing to contra-indicate, ergot should be given. It is worthy of special mention as an agent for the prevention and control of post-partum hemorrhage.

Dr. Seldner. The prolonged interval between the pains may be best remedied by the evacuation of the waters.

Dr. Arnold. Rapture of the membranes generally succeeds; but in some cases it does not.

Dr. Lynch. The bag of waters assists in the dilatation of the os, and its early rupture is injudicious, and frequently delays the labor; but when dilatation has reached about two inches in diameter, it may then be advisable. During the second stage of labor, when this diameter is reached, the forceps may be used to complete the dilatation and speedily terminate the labor.

Dr. Cathell. In rigidity of the os, I am in the habit of using the following, with good effect:—

R. Aquæ camph., ʒss
Morph. sulph., gr. ʒ. M.

Sig. Every hour, if necessary.

Encouragement, occasionally, has a good mental influence; and dragging on the os or perineum will often accelerate the pain. In one case in which I used the belladonna ointment, the characteristic symptoms of its toxic effect manifested themselves.

Dr. Arnold. The dilatation of the os is not a passive or mechanical thing, but an active and physiological process; it is the result of an antagonism between the longitudinal and circular fibres of the uterus. The walls of the uterus are applied to an ovoid body; the contractions going on in the longitudinal fibres are unable to diminish the cavity of the uterus, hence all their power must be spent in drawing upon those parts of the circle which form the orifice, where they are inserted, and thus remove them from the centre of the opening. Dilatation of the os goes on *pari passu* with the pain.

EDITORIAL DEPARTMENT.

PERISCOPE.

Ergot Internally for Epistaxis.

In the *British Medical Journal*, Dr. George St. George, of Lisburn, observes that the treatment of epistaxis is often attended with great

difficulty, especially in persons enfeebled by age. He has found ergot of use in cases where liquor ferri perchloridi, plugging, and other remedies had been tried without avail. The following is one of the cases he records:—Weak anæmic woman, aged fifty-five; had been suffering for three days from repeated and

violent attacks of hemorrhage from the nose, which had increased in both frequency and violence during the last twenty-four hours. The nostrils were first plugged with lint and cold water. Dr. St. George then tried plugging with lint dipped in liquor ferri perchloridi, but without avail, as the hemorrhage continued. He then ordered her a mixture, each dose to contain fifteen minims, of liquid extract of ergot every quarter of an hour until the hemorrhage ceased, and then to be continued every four hours for a day or two. In an hour and a half the bleeding had entirely ceased and never returned. He gives the details of two other cases successfully treated by the same means.

Deaths from Nervous Diseases.

In an article by Dr. Althaus, in the *British Medical Journal*, one point, considered by the author was the proportion of deaths from delirium tremens in the different divisions of England and Wales. It was found that London headed the list with 100, the southeastern counties followed with 62, the northwestern with 57, the south midland with 55, the northern with 54, Yorkshire with 42, the eastern division with 41, the west midland with 40, the southwestern with 39, the north midland with 36, and last of all came Wales, with only 27. Dr. Althaus thought it very significant that London, where nervous diseases were at a comparatively low ebb, should consume proportionately so much more alcohol than Wales, where these maladies were singularly rife; and he asked whether a large consumption of strong alcoholic drinks was really always prejudicial for the nervous system, as had perhaps been too sweepingly asserted by many well-intentioned persons of late years. The author next considered the prevalence of these diseases during life as distinguished from their mortality, and remarked that on this point we had definite information only with regard to one disease, viz., insanity, in the Reports of the Commissioners in Lunacy. From these it appeared that there were eighty-eight lunatics living to one death from insanity registered by the Registrar-General; and that of five lunatics who died, only one died from insanity, and the other four from different diseases. He thought the prevalence of cephalitis only slightly higher than its mortality; of paralysis, he reckoned the living patients as twelve to one death; of apoplexy, nothing definite was known in this respect; chorea was fatal in one out of a hundred cases actually occurring; in delirium tremens, three out of four patients recovered, which would give four cases to each death; in tetanus, the proportion was two deaths to three cases; in epilepsy, which was but rarely fatal, he reckoned fifty living sufferers to one death; of convulsions, it was difficult to speak definitely, as the death-rate from them was in the process of changing considerably. Hysteria was very prevalent, but

scarcely ever fatal. Dr. Althaus concluded his paper with some remarks on the probability of therapeutics becoming gradually able to influence the mortality from nervous diseases. He saw good reason to believe that convulsive disorders would undergo a further considerable diminution under the influence of improved treatment. Not only for epilepsy and eclampsia, but also for tetanus, recent researches seemed to hold out a prospect of these diseases becoming eventually more amenable to treatment; while chorea was known to kill but rarely. Paralysis, apoplexy, and insanity, however, would no doubt always carry off large numbers of victims as long as the present conditions of our existence, with its passions and sorrows, its troubles and disappointments, continued.

"Chia," a New Dietetic and Medicinal Product.

Dr. J. T. Rothrock, the well-known botanist, furnishes the following article to the *Botanical Bulletin*:—

During the past summer my attention was called, whilst in Southern California, to a mealy preparation in popular use among the Indians, Mexicans, and prospectors. On inquiry, I found it was called "Chia." Further examination proved that it was furnished by the seeds of *Salvia columbaria*, Benth. The seeds are collected, roasted, and ground, in the native way, between two stones. This puts it in the condition in which I first saw it. It is used as a food by mixing it with water and enough sugar to suit the taste. It soon develops into a copious mucilaginous mass, several times the original bulk. The taste is somewhat suggestive of linseed meal. One soon acquires a fondness for it, and eats it rather in the way of a luxury than with any reference to the fact that it is exceedingly nutritious besides. It is in great demand among the knowing ones who have a desert to cross, or who expect to encounter a scarcity of water, and what there is, of bad quality. By preparing it so thin that it can be used as a drink, it seems to assuage thirst, to improve the taste of the water, and, in addition, to lessen the quantity of water taken, which in hot countries is often so excessive as to produce serious illness. As a remedy it is invaluable, from its demulcent properties, in cases of gastro intestinal disorders. It also holds a place among domestic remedies, for the same purpose that flaxseed occasionally does with us, *i. e.*, a grain of the seed is placed in the eye (where it gives no pain) to form a mucilage by means of which a foreign body may be removed from the organ. I have found it of great service as a poultice. As a matter of archaeological interest, it may be noted that quantities of this seed were found buried in graves several hundred years old. This proves that the use of the seed reaches back into the remote past. Indeed, I find several allusions to the name Chia in the second volume of Bancroft's great work on the

"Native Races of the Pacific States," pp 232, 280, 347, 360. *Chianpinoli* appears to have been made by the so-called Aztec races from corn which was roasted and ground as the Chia was. From this, however, I conclude that the term Chia was then a generic name applied to meal derived from several sources. At present the name is almost restricted to the product of *Salvia columbaria*. Chia was, among the Nahua races of Ancient Mexico, as regularly cultivated as corn, and often used in connection with it.

The Physiological Action of Alcohol.

On this subject Dr. T. Lauder Brunton closes an article in the *Practitioner* as follows:—

1. Alcohol in small quantities increases the secretion of the gastric juice and the movements of the stomach, and thus aids digestion. Although unnecessary in health, it is useful in exhaustion and debility.

2. It increases the force and frequency of the pulse, by acting reflexly through the nerves of the stomach.

3. In large doses it impairs digestion by over-irritating the stomach.

4. It may produce death reflexly by shock.

5. After absorption into the blood, it lessens the oxidizing power of the red blood corpuscles. This property renders it useful in reducing temperature; when constantly or very frequently present in the blood, it causes accumulation of fat, and fatty degeneration of organs.

6. It undergoes combustion in the body, maintains or increases the body weight, and prolongs life on an insufficient diet. It is therefore entitled to be reckoned as a food.

7. If large doses are taken, part of it is excreted unchanged.

8. It dilates the blood-vessels, increases the frequency of the heart, by its action on nervous centres to which it is conveyed by the blood, imparts a feeling of comfort, and facilitates bodily and mental labor. It does not give additional strength, but merely enables a man to draw upon his reserve energy. It may thus give assistance in a single effort, but not in prolonged exertions.

9. The same is the case with the heart; but in disease alcohol frequently slows instead of quickening the pulsations of this organ, and thus economizes instead of expending its reserve energy.

10. By dilating the vessels of the skin, alcohol warms the surface at the expense of the internal organs. It is thus injurious when taken during exposure to the cold, but beneficial when taken after the exposure is over, as it tends to prevent congestion of internal organs.

11. The symptoms of intoxication are due to paralysis of the nervous system; the cerebrum and cerebellum being first affected, then the cord, and lastly the medulla oblongata. It is through paralysis of the medulla that alcohol usually causes death.

12. The apparent immunity which drunken men enjoy from the usual effects of serious accidents is due to paralysis of the nervous mechanism, through which shock would be produced in a sober condition.

Local Heat in Excessive Metrorrhagia.

The *Medical Times and Gazette* quotes from Dr. N. G. de Mussey several cases in which this application was adopted with success. One of these was a woman aged 26, who had always menstruated regularly, and had neither had children nor miscarriages. Abundant hemorrhage occurred. Warm baths, astringent injections and cauterizations of the womb were employed without effect. Examination of the uterus revealed nothing affording an explanation of the metrorrhagia. In the left ovarian region there was abnormal sensibility. Sulphate of quinine and blisters to the epigastrium were now prescribed. On several occasions the solid nitrate of silver was introduced into the cavity of the neck; the flow of blood was suspended for two or three days, but soon began again. She became gradually weaker, and suffered from neuralgia of the head and arms, with vertigo on attempting to rise. Dr. Chapman's india-rubber bag was now filled with water as hot as could be borne, and applied to the lumbar region, the application being renewed every three hours. The next day the hemorrhage had considerably lessened, and on the following day it had completely stopped, being replaced by a slight leucorrhæal flux. The iliac and sub-pubic pains were increased by the heat. Intense dyspnoea followed, which gradually diminished. At the next menstrual period the hemorrhage recommenced, but was again arrested by the application of the hot water bag in the manner above described. From his examination of the chest in this case, Dr. de Mussey believes that it was tubercular induration, which had called into action a congestive disposition. Dr. John Chapman, who translates the paper, is of opinion, however, that the metrorrhagia might have been arrested by water at a much lower temperature than was really used, and attributes the increase in some of the symptoms to the mode in which the remedy was applied. He thinks a temperature of 115° F. quite sufficient.

The California Borax Product.

According to the *San Francisco Commercial Herald*, the Riddell Company made 600 tons of borax in 1875, and intend to increase their product during 1876 to 1000 tons. Their price last year in San Francisco was 6½ cents per pound, but they decline to renew contracts at that rate, or even to take orders at 6½ cent. The total production of borax in Nevada and California reached 2000 tons, and as the Southern Pacific Railway is extended the price of the product will probably decline.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Transactions of the American Ophthalmological Society. New York, Wm. Wood & Co., 1875.

This Society held its eleventh annual meeting at Newport, July 22d, 1875. It consists of sixty-six members and seven honorary members.

The President, Dr. C. R. Agnew, of New York, was reelected for the year 1876. The following resolutions were passed:—

"Resolved, That the sense of this Society is in favor of New York as the place for the meeting of the next International Ophthalmological Congress. Also,

"Resolved, That it is the sense of this meeting, that the session of the Society for 1877 should be held at Put-in-Bay."

The present report, containing sixty-seven pages, which constitutes Vol. II, Part III, of the Transactions of this Society, is by no means so voluminous as were those for the two preceding years. Of the seventeen separate articles contributed, more than one-half of this number were of but two, or less than two pages in length, and we are indebted to the three Philadelphia members present for about one-half of the whole amount of subject matter.

We were a little disappointed at the apparent lack of usual interest evinced by the members of this Society, but we must be content whilst recognizing the fact that many of the contained articles are not only most able, but are also eminently interesting and instructive. The following is a summary of the papers, in their order:—

1. "A Case of Nystagmus, Associated with Concomitant-Convergent Strabismus in Emmetropic Eyes, Relieved by Correction of the Squint." By O. D. Pomeroy, M. D., New York. This case is of interest, because, in emmetropic eyes, the most annoying symptom, a nystagmus of five years' duration, was entirely relieved by a tenotomy of the internal recti muscles, whilst the cosmetic effect was all that could be desired.

2. "A Case of Spontaneous Cure of Sub-Retinal Effusion, with an Analysis of twenty-one cases of the same disease." By David Webster, M. D., of New York. The Doctor gives an interesting abstract of twenty-one cases of detachment of the retina, where he shows its relative frequent occurrence in males, and in myopic eyes. Five of the cases were of

traumatic origin, and nine seemed to be the result of myopia, with its attendant diseases. Experience has taught us that the majority of cases of this disease are not benefited by any definite course of treatment; nevertheless, every recent case calls for a certain amount of rest, combined with the judicious application of the Heurteloup (artificial leech).

In the discussion which this paper called forth, Dr. Kipp, of Newark, remarked, very truly: "In regard to the treatment of retinal detachment by the recumbent posture, my experience has led me to believe that it is not devoid of danger to the patient's general health." Dr. Strawbridge related a case where he performed Bowman's operation (with two needles introduced through the sclera, to tear the retina) with a most brilliant result.

3. "Rare Cases, with Practical Remarks," by Dr. E. Williams, M.D., of Cincinnati. (a.) *One case of Traumatic Luxation of the Crystalline Lens*, in a woman in whose family, as was proven by her brother's case, there was a predisposition to this condition; also *two cases of Spontaneous Luxation of the Lenses*, in a brother and sister. Dr. Williams uses the apt term "loose-jointed" to describe the appearance we have so often observed in patients liable to the above-mentioned deformity, who are apparently robust, when in reality they are of a strumous or cachectic habit.

In the case just mentioned, the brother brought his sister to the doctor, who was led, by the peculiar appearance of his eyes, to examine them. With a divergent squint of 3''', and vision $\frac{1}{100}$ and $\frac{1}{200}$, raised to $\frac{1}{10}$ and $\frac{1}{20}$ with +7 the patient—and it is nothing uncommon to observe this blissful state of ignorance—declared he had "nothing the matter with his eyes, always having seen perfectly."

(b.) *Two illustrative cases of Basedow's Disease*, where, on account of the deformity produced by the exophthalmos, Graefe's operation of closing the lids for half an inch at the outer commissure of each eye was performed.

In the first case, on account of peculiar mental conditions, the nutritive powers were at a low ebb; the operation was followed by death; the second was successful as far as the cosmetic effect desired, but was accompanied by a threatening inflammation of the cornea, and the doctor remarks, "If I make this operation again, I will pare and close the lids in the centre as well as at the sides, distributing the

pressure and guarding against danger to the cornea, because I believe that the pressure of the narrowed commissure, in both cases, caused strangulation and consequent inflammation.

(c.) *Two cases of Anæsthesia of the Retina*," most successfully treated by subcutaneous injections of strychnia (one-thirtieth to one-fortieth of a grain daily).

One case of "*Binocular Temporal Hemipia*," and four cases of "*Strabismus, with Rigidity of the Muscle*," where the operations of tenotomy were made with great difficulty, the sclera having in the third case been perforated whilst the muscle was being divided, and, strange to say, followed by no ill effects whatever.

4. "*Ophthalmic Contributions*," by Dr. George Strawbridge, of Philadelphia.

(a) "*Hysterical Blepharospasm treated and relieved by forcible elevation of the eyelid*."

Here the treatment of Dr. Mathewson, by means of a gum band fastened to the skin of the eyelid, and also to the forehead, was substituted by the old and more practical application of bands of adhesive plaster.

(b.) "*Foreign Bodies in the Eyeball*." Out of four cases, three are noteworthy on account of the length of time the foreign body remained in the eye with but comparatively little annoyance to the patient.

(c.) "*Connective-tissue Growth in the Vitreous Humor*." This case is of interest, not only on account of its being a curious one, but also for the accompanying minute description, and the fact of its being analogous to a similar case cited by Edward Jaeger in his *Ophthalmoscopic Atlas*.

(d.) "*Cholesterine Crystals found in the Anterior Chamber and in the anterior surface of the Iris, as well as in the Vitreous Humor, with a Bone Formation in an Eyeball Atrophied by Traumatic Irido-cyclitis of six years' standing*."

5. "*Successful Extraction of a Foreign Body from the Retina by the aid of the Ophthalmoscope*," by Dr. Geo. T. Stevens, Albany.

6. "*Can Staphyloma Posticum be Induced by Astigmatism?*" by William Thomson, M. D., of Philadelphia, is the title of a most able article, by a man who is thoroughly conversant with the subject upon which he writes, and concerning which he advances not only theories, but facts which most ophthalmologists, however reluctant, must admit. Concerning the nature and cause of staphyloma posticum he cites the opinions of the very highest authorities, which

only go to prove "how conflicting theories render our views, both as to hygiene and therapeutics, painfully uncertain, and justify the presentation of any clinical facts that may aid us in the important duty of controlling myopia, in which these serious lesions are most frequently observed." He remarks, furthermore, and we fully agree with him, "From my own observation, I am led to believe that myopia, like hypermetropia, must be frequently congenital, and that we rarely find it without a complicating astigmatism."

"From the low vision obtained by spherical glasses in high degrees of myopia, and their failure to relieve asthenopia, I was led to seek for astigmatism, which I fancy must be frequently overlooked, from the tedious character of the examination needed for its detection, together with the difficulty in the use of the erect method of the ophthalmoscope; and I am satisfied that a crescent at the optic nerve is an evidence of astigmatism, and that by a study of its situation, we may form a close approximation to the best and worst meridians of the cornea."

"In the notes of one hundred cases of crescents, I find astigmatism combined with myopia in eighty, and hypermetropia in twenty; and in all of these, after their correction under atropia, with all the most trustworthy methods of examination, the line of the crescent has been found to correspond with the astigmatic meridian of the cornea, when viewed by the erect method through the correcting glasses."

We regret that limited space prevents our giving more of Dr. Thomson's interesting observations on this subject. In conclusion, he says:—

"No expenditure of money, or skill in rearrangement of desks or school-furniture can be of any service to an unsymmetrical cornea, in comparison with a glass which will harmonize its refraction and enable the eye to perform its complicated muscular functions, as they are done with ease by emmetropic eyes."

In remarking upon this paper, Dr. John Green said, "Dr. Thomson's present observations, if confirmed by further investigation, would seem to show that in astigmatism, the asymmetry of the refractive media is not the only important deviation from the normal condition, but that there is, in addition, a predisposition to irregular, and therefore especially dangerous, posterior distention of the globe, dependent upon asym-

metry in form and development of the eyeball as a whole. This view still further enforces the precept, that even a low grade of astigmatism, in the presence of a tendency to myopia, is an important factor, perhaps one of the most important factors, in the case, and that to the accurate optical correction of the astigmatism, conjoined, as I think it should be in many cases, with systematic instillations of atropia, we must chiefly look for the control of the pathological process."

7. "On the Increase of Refractive Power of a Plano-cylindrical Lens when Rotated about its Axis." By Dr. G. Hay, Boston.

8. "Some Peculiar Phenomena attending a Case of Sudden Temporary Loss of Hearing and Sight." By Henry W. Williams, M. D., Boston.

9. "Two Cases of Vascular Disease of the Orbit." By Dr. George C. Harlan, of Philadelphia. The Doctor remarks: "Neither of the cases are new, but they are not, on that account, entirely without interest, as marked changes have taken place in each since they appeared in public before." For the sake of emphasis we would repeat the Doctor's remarks, for too often is it, that such interesting cases as those under consideration (and reported in the *American Journal of Medical Sciences*, for July, 1870), are partially recorded and never again heard of. Would that many valuable cases "to be continued in our next" could be heard from again, and much credit is due to the care with which the present ones are worked up. We would refer our readers who are interested in this subject to this paper, for an exhaustive account of the history and treatment of this uncommon disease.

10. "Case of Sector-like Defect of Field of Vision." By Wm. Thomson, M. D., Philadelphia.

11. "On the Effect of a Cylindrical Lens, with Vertical Axis, placed before One Eye." By O. F. Wadsworth, M. D., Boston, Massachusetts.

12. "A Case of General Sarcoma of the Choroid, probably congenital." By Drs. R. J. McKay and H. C. Eno, New York.

13. "A Case of Consecutive Enucleation of Both Eyes for Recurring Glioma." By Drs. C. R. Agnew and H. C. Eno, New York.

These two cases comprise all that the report contains concerning *pathology*, but present nothing new, the diseases having run their usual course; the microscopical examination, however, has been minutely worked up by Dr. Eno. Surely, the pathology of the two, supposed to be different forms of tumors, is very

similar. Where can we draw the dividing line between a large-celled sarcoma and a, so-called, glioma? As we have before stated, these pathological specimens lose much of their value and importance, by not being reported by a scientific committee of *experts* in morbid growths, which should be appointed by this Society, and to which all such specimens should be referred for verification.

14. "Iridotomy, by Von Wecker's Method." By Dr. J. Green, St. Louis. This operation is to be recommended in aphakial eyes with occluded pupil, on account of the avoidance of all dragging upon the tissue of the iris, and upon its ciliary attachments.

15. "Notes on the Examination of the Eyes of a Criminal executed by Hanging." By Dr. J. Green, St. Louis. The ophthalmoscope and oblique illumination, using both artificial and sunlight, which happened to be available, failed to show any trace of lesion, either of the capsule or lens, in either eye.

16. "Castor Oil as a Menstruum for Dissolving Atropia for Application to the Eye." By the same author. This solution is recommended in recent abrasions and painful phlyctenulæ and ulcers of the cornea, also, because it ensures a longer contact of the remedy with the cornea. We would much prefer the neutral aqueous solution, which must, of course, be carefully prepared.

17. "Improvements in Spectacle Frames." By Henry D. Noyes, M. D., New York. For persons having the use of only one eye, and who need glasses for different kinds of vision, it has been customary to make a frame whose bridge is on a line with the transverse diameter of the glasses, and which is reversed by turning it over in a plane parallel to the surface of the face (in fact, equal to taking them off and putting them on again upside down). Now, this trouble is avoided by the new plan; each arm is joined to the body of the frame by two hinges, which are close together. Each arm can then be made to sweep through a complete circle, and the glasses reversed by turning the frame in a plane parallel to the ground, so that the spectacles are not removed from the head.

During the course of the proceedings a fitting tribute to the memory of the Society's founder and first President, the late Dr. Edward Delafield, of New York, was offered, in the obituary notice prepared by Drs. Dix and Williams, of Boston, as well as by the excellent likeness of the deceased which adorns the frontispiece.

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THE TRAINING OF NURSES.

Some weeks ago we had the pleasure of listening to a lecture on this subject, delivered by Dr. JOHN N. PACKARD, before the Social Science Association of this city. Since then, it has appeared in the pages of the *Penn Monthly*, and also in separate form.

The author states, his remarks have reference especially to the training of female nurses; for the reason that among women we find the best material for the discharge of these duties, and that it would be impossible, except in military organizations, to find such a demand for male nurses as would warrant the establishment of training schools for them. It is, indeed, extremely seldom that cases occur in civil life requiring attendance which cannot be given by women; and when a male nurse has been needed, so far as my experience or observation has gone, there has never been any difficulty in obtaining one.

He then proceeds to give, in brief and pointed phrases, the qualifications which every competent nurse should have, and thence to a rehearsal of the principal institutions which, in this country are devoted to their training. These are not numerous, and might, with great advantage, be largely increased. The plan which Dr. PACKARD considers most appropriate for such establishments impresses us so favorably, as practical and efficient, that we quote it almost in full:—

"To effect a beginning, it would be needful to start a subscription, and to have a sum of at least ten thousand dollars pledged to the support of the enterprise. The contributors should then hold a meeting, and proceed to the election of a board of lady managers, with the usual officers—president, vice president, secretary and treasurer. A board of counsel, consisting of four or five gentlemen, might be appointed, to give their advice and assistance when desired.

"To a committee of these ladies application might be made by any women desiring to obtain instruction in nursing under the auspices of the society. Such women should be required to give evidence of good character, and to be free from present ties which would hinder their faithful use of the opportunities they sought. They should be healthy, of suitable age, and with a certain amount of practical education. A small fee might be required, and a pledge to remain under instruction, unless dismissed for reason, for a period of three or six months, or a year, at least.

"By arrangement entered into with some large general hospital, these candidates might then be entered as probationers, and employed in actual work at the bedside. In such an institution it would be needful to have these probationers under the control of a head, perhaps the regular matron, who should see that they observed stated hours, that their work was properly done, and that their time was profitably spent.

"During all their period of probation, monthly or more frequent reports might be made to the committee of the society, by the overseers, as to the conduct and capacity of its protégés; and any special matter, such as misconduct, carelessness, or gross stupidity, necessitating dismissal, should be at once made known to them.

"Such probationers as passed successfully through the trial of a certain period—a year, for instance—might then be admitted to the higher grade of pupil-nurses. These should be entrusted, under the oversight of an advanced pupil, or a "sister," with the special care of one or more grave cases, either medical or surgical. Each should have charge in turn, for a month, of the bedding and other ward sup-

plies; and the same arrangement might be made as to the cooking, for cases requiring food not supplied on the regular diet-table of the ward.

"Lectures of a thoroughly practical character, having reference strictly to matters belonging to the nurse's province, might be delivered to the pupils by members of the hospital staff.

"During the second year of tuition, pupils whose services were not required in the hospital might be allowed to engage in attendance upon cases of severe illness at the homes of the patients, either in connection with a dispensary, or in the private practice of physicians in good standing.

"At the end of a two years' term of training, each nurse might, either upon certificate of the sisters in charge and the hospital staff, or after examination, receive from the society a diploma; and this would soon become a recognized guarantee of capacity and trustworthiness.

During the time of this training, the pupils would be under the supervision of the society, but would, for the most part, have their board and lodging at the hospital in which they might be on duty. For unattached pupils, and for graduates who might desire it, a home should be provided, where, for a reasonable charge, they might live, and where a register should be kept, to enable physicians and the public to obtain the services of a competent nurse whenever occasion should arise.

"Notable instances of good conduct on the part either of the pupils or of graduates—such as courage in time of an epidemic, or a long period of devotion to trying duty, or a good record of ten years' consecutive service in nursing—might be recognized by the society, and testimonials awarded, in the shape of certificates or medals."

It is with much pleasure, in this connection, that we can speak of the Training School for Nurses established in connection with the Woman's Hospital, Philadelphia, as one whose organization is most complete, and whose working most creditable to its Managers. Their report for 1876 contains a series of rules for nurses in training, which is a compend of information in itself. It would be an excellent tract for physicians interested in the subject to study, in connection with Dr. Packard's lecture. There should be such a school appended to every general hospital in the country; we should then have a body of trained nurses who could greatly aid the labors of the physician, instead of frustrating them, as many of the improvised nurses now do.

NOTES AND COMMENTS.

What Vaseline Is.

Vaseline, a product of petroleum, is a pale yellow, translucent, slightly fluorescent semi-solid, melting at about 37° C. Specific gravity 0.840 at 55° C. It is inodorous, non-volatile at ordinary temperatures, but distills with slight decomposition under pressure. It is insoluble in water, slightly soluble in alcohol, freely in ether, and miscible in all proportions when melted with fixed or volatile oils. It mixes in all proportions with glycerine of the ordinary strength, but the mixture is destroyed by the addition of water. Hydrochloric acid and liquor potassæ are without action upon it.

Vaseline was first brought before the notice of the public by Professor Otis, of New York, who states that the article is largely used as a basis for ointments, and by himself for lubricating surgical instruments, and so facilitating their introduction into the passages.

Chloral Suppositories.

The production of a chloral suppository containing a sufficient proportion of this drug to cause sleep has heretofore been deemed impossible. Mr. H. Mayet, in the *Druggists' Circular*, has, however, devised the following formula, by which he manages to get forty-five grains of chloral in each suppository:—

R. Ol. theobromæ,	gr. xxv
Cetacei,	
Pulv. chloral,	35 gr. xlv.

For one suppository.

These suppositories are of good consistence, and may easily be put into use.

Chloroform as a Preservative Agent.

Mr. J. Schafer, of New Orleans, La., sends to the *Druggists' Circular* the report of an interesting case of suicide by chloroform:—

A young lady committed suicide at Pass Christian, Miss., by swallowing about four fluid ounces of chloroform. She died at half-past four o'clock on Saturday afternoon, the 5th of the month, two hours and a half after taking the poison. The remains were sent to the friends of the deceased in New Orleans, and at the end of 147 hours continued to look as natural as they did but half an hour after death.

The remarkable case of a corpse being preserved without change for over six days, in a

damp and warm climate like that of New Orleans, attracted the attention of the medical men who sat as a jury at the inquest. The known action of chloroform was assumed to be the cause of the unusual preservation of the body.

Toughened Glass.

An English firm, who have attempted to manufacture this interesting substance, have found, we understand, an unsatisfactory result, for the reason that the action of the boiled oil or grease bath was very uncertain, and where one piece was fully toughened, half a dozen others would only be partially so; while breakages, which in the case of ordinary glass caused but little loss, as the fragments could be remelted, resulted in the entire uselessness of the toughened specimens. The prices at which the firm could sell were, moreover, prohibitory of any extended trade, and we believe they have now relinquished any serious attempt to work the patent at all.

Preparations of Salicylic Acid.

At a recent meeting of the Massachusetts College of Pharmacy there was an interesting discussion on the practical applications of salicylic acid in some technical processes and in pharmacy. The main points brought out were the extreme delicacy of the salts of salicylic acid as a test for ferric salts, striking an intense red color with them, while no color was given to ferrous salts. It was also said that the salts of salicylic acid were useless as antiseptics, the free acid alone being able to prevent putrefaction and fermentation, and that the acid could be usefully employed as an antiseptic in such preparations as infusions, decoctions, etc.

Early Treatment in Diphtheria.

Dr. Garraway says, in the *British Medical Journal*:—

In all cases of illness, when diphtheria is prevalent, it is expedient to look into the throat, as occasionally, when there is not even ground of suspicion, the characteristic spot or layer of mouldiness, like an irregular patch of white kid, will be discerned. Now is the time when we are enabled to say, "Thus far shalt thou go and no further." Now is the time when one single painting with a strong solution of nitrate of silver will effectually destroy the parasite and rescue the patient. Twenty-four hours

after this application, the "white leather" is seen dark and shriveled, and the following day it has dropped off and disappeared. Contrast this with the same disease three days later on. I need not describe it; the picture has been only too vividly impressed upon the minds of all of us; the layer of deposit spreads more or less over the fauces, perhaps entering the larynx, when recovery can scarcely be looked for; the rapid pulse, the exalted temperature, the extreme nerve-prostration, the blood more hopelessly poisoned than in typhoid fever, and death more imminent.

Photographs in Color.

A correspondent in Paris writes:—

"The art of fixing colors in photographic processes has always been a great desideratum; but this would seem to have been overcome, as I have seen some very fine specimens exposed of the new process, which represent the natural colors without the aid of the painter's brush. This photochromic discovery is due to the enterprising character of M. Léon Vidal, who had spent years in studying the question, and will, probably, be amply repaid for his trouble, as the discovery is alike important to medicine as it is to other branches of industry and art."

CORRESPONDENCE.

Cephalic Version in Arm Presentation.

ED. MED. AND SURG. REPORTER:—

On the evening of February 16 I was called to attend a Swedish lady in labor with her third child. On reaching the patient, the following history was obtained:—On February 14, about 4 A. M., she was taken with labor pains, and immediately called a Swedish midwife who resided near by. The pains were not violent or distressing until the evening of the 16th, a few hours before I was called, but the waters had been discharged about twenty-four hours.

I attempted to make an examination, but the parts were so swollen and inflamed, that the slightest manipulation caused her to writhe with pain. At this time the contractions of the uterus were so violent and continuous as to cause me to fear rupture of that organ. I immediately gave chloroform and proceeded with the examination, when I found the left hand of the child hanging low in the vagina, the child lying transversely in the uterus in the dorso-anterior position, the head being directed to the right. I introduced my left hand into the cavity of the womb, carrying the arm of the child with it. I then made pressure on the

pelvis of the child, directing it toward the fundus of the womb, making at the same time counter-pressure with my right hand on the right abdominal surface of the mother.

The head of the child came down without any difficulty, and the case was soon terminated by the delivery of a female child weighing nine pounds, considerably asphyxiated, but which in the course of half an hour breathed naturally. The post-partum hemorrhage which followed was somewhat alarming, but the mother, notwithstanding, made an excellent recovery.

In this case I did not adopt the postural treatment of Professor Thomas for reposition of the cord, which Dr. Maxson has found efficient in converting abnormal presentations of this class into normal ones, on account of the violent and continuous contractions of the uterus, which I think would have effectually overcome any aid that gravitation might otherwise have afforded.

The conditions which obtained in this case were most unfavorable either for the operation of turning or cephalic version, yet, still, I accomplished the latter, in the manner detailed, with the greatest ease. In arm cases, where this operation can be performed (and I see no reason why it cannot be in all), it is, in my humble judgment, preferable to that of turning, with its attendant mortality. L. HATCHETT, M. D.

Value of Cupping in the Treatment of Pneumonitis.

ED. MED. AND SURG. REPORTER:—

In our modicum of experience in the treatment of the disease in question, we regard cupping, cut or dry, as may be indicated, one of the most efficient and powerful agents for good that we have at our command. It is equally applicable during the earlier or the later stages of the disease. Nothing in our hands has so promptly relieved that cutting, distressing pain at each rapidly-recurring inspiration, during the active inflammatory stage, as half a dozen or a dozen cut cups, equally distributed over the seat of the pain. The relief is almost instantaneous. If the attack be a severe one, the pain will return, perhaps within a few hours or half a day, with all its severity, but will disappear again soon after the cups are thoroughly applied, as before. We prefer this to general blood-letting, no matter how plethoric the patient may be, because it husband the strength of the patient, and this is a matter of great importance in the progress of the disease. It is only during the earlier stages that we employ local depletion. We have found dry cupping, so thorough as to produce vesicles, and even ecchymosis, to relieve pain almost as promptly as cut cups in the earlier stages. Cupping relieves pain, lessens dyspnoea, and we believe it in some way promotes absorption. It acts promptly, almost immediately. This is all we claim for cupping. Nothing more can be accomplished in this direction by any other agent.

But we also employ other agents to meet the indications in other directions. Now must be taken into account age, sex, temperament, idiosyncrasy, etc. The first and most important indication in all cases is to relieve pain. This we have done by local depletion or dry cupping. Temperature is reduced by Norwood's tincture of digitalis. The dry, parched skin is rendered moist by acetate of ammonia or compound spirits of ether. Sleep is induced by Dover's powder, if not contraindicated. The bowels should be watched. Saline purgatives are preferred to calomel. Neither should be used too freely.

The patient should be well nourished from the beginning. Milk and eggs constitute the very best food, when they can be borne. When convalescence has begun, quinine, or, what is often better, cincho-quinine and iron, are almost invariably indicated. In our experience, nauseants and expectorants have not accomplished what is claimed for them.

We sometimes prefer a brisk application of the tincture of iodine, once a day, over the seat of pain. This followed by a linseed poultice over the entire chest, renewed several times during the twenty-four hours, and continued for three or four days, or longer when necessary. Internally, opium, acetate of ammonia, Hoffman's anodyne, etc. Stimulants are rarely necessary, except during convalescence. Cold water, as drink, we never deny. Cold compresses we have not yet employed, and would hesitate to do so unless well assured that every necessary step would be promptly and successfully carried out.

A. D. BINKERD, M. D.

Emporium, Pa.

Treatment of Pruritus.

ED. MED. AND SURG. REPORTER:—

Recently I had a most obstinate and severe case of pruritus of the vulva, clitoris, and mons veneris of a fat woman more than sixty years old. So severe was it, that she would cry from the distress. It so overcame her, every way, that she was nearly helpless. After trying a great number of remedies, both internally and externally, for several months, with very little relief, at length, with only the external application of the essence of peppermint to the itching parts, she was almost instantly relieved, with an occasional use of the same. She remains happy.

The Whistles.

Several years since I had a case of a boy, three years old, who swallowed a flat, round tin whistle, half an inch thick, and three-fourths of an inch in the largest diameter, with sharp edges projecting beyond the barrel of the whistle. I also had recently another case of the same kind, of a boy six years old. I prescribed soft solids for food, and the second day a little sweet oil, and on the third day they both picked up their whistles as good as new. N. L. FOLSON, M. D.

Portsmouth, N. H., February, 1876.

NEWS AND MISCELLANY.

The Ohio Medical Bill.

The bill we present below has passed a second reading in the Ohio Assembly, and though it may not be finally adopted this session, it touches upon matters of such general interest in medical education and legislation, that we believe our readers will not grudge the space we assign to it:—

A Bill to provide for Examining Boards in all Medical Colleges in the State of Ohio, and to regulate Matriculation in Medical Colleges.

SECTION 1. Be it enacted by the General Assembly of the State of Ohio. That every medical college in the State of Ohio, at their first commencement after this bill becomes a law, shall appoint an examining board, to consist of two professors, who must understand the sciences in which applicants for matriculation are to be examined. The said two professors, when appointed, shall report forthwith to the probate judge of the county in which the college is located. Said probate judge shall appoint some suitable person who shall represent the State in said examining board; and said person, when appointed, shall be an active member of said board; and said person shall hold his office for three years, and shall be paid the sum of five dollars per day for each day engaged in the business of said examining board. And said person shall be paid by the medical college to which he is appointed. And it shall be unlawful for said examining board to admit or reject any person who applies for admission into said medical college without said person being present. The duty of said examining board shall be to examine all persons who apply for matriculation or admission into said college. And a majority of said board shall decide all questions regarding the admission or rejection of each applicant. And said board shall keep an account of all their examinations, the questions and answers of each applicant.

SEC. 2. Every person applying for admission into any medical college in the State of Ohio shall appear before the examining board of said medical college, and shall produce a certificate to show that he is a graduate of some college or university which has a legal right to confer the degree of A. B. (Bachelor of Arts), or A. M. (Master of Arts). And whenever any applicant fails to produce such a certificate, the examining board of said college shall examine said applicant in the grade of studies that a college or university would require applicants for the degree of Bachelor of Arts to be examined in. And whenever any applicant fails to pass an examination satisfactory to the examining board in said grade of studies, said applicant may appear again before said examining board, and said examining board shall then examine said applicant in the grade of studies that grad-

uates of the high schools of the State of Ohio are examined in; but in no case shall the grade of examination be lower than the grade adopted by the high schools of Ohio to examine their graduates in. Each applicant shall further satisfy said medical examining board that he has studied medicine for two years with a physician, and that he has a knowledge of the same; and whenever any applicant fails to produce such a certificate, or pass an examination in either grade of studies satisfactorily to said medical examining board, it shall be unlawful for any medical college in the State of Ohio to admit said applicant to study medicine or surgery in the same.

SEC. 3. In all medical colleges in the State of Ohio, the collegiate course of instruction shall consist of three annual courses of lectures, to be divided each year into winter and spring course, each course of lectures to continue for three months.

SEC. 4. The provisions of this bill do not apply to any person who is now practicing medicine, or to any person or persons who have been admitted into any medical college to study medicine at the time this bill becomes a law; but it shall be unlawful for any person to practice medicine or surgery in any of its branches in the State of Ohio who has not been admitted into a medical college, studied medicine, and graduated according to the provisions of this bill. All medical diplomas must certify on their face that the owner of the same has complied with the provisions of this bill. Any medical college, or any other person or persons convicted of the violation of any of the provisions of this bill, shall be fined in the sum of not less than fifty dollars, or more than five hundred dollars, and the expense of prosecution, the fine to go to the poor fund of the county in which the college or person is located.

SEC. 5. In thirty days after this bill becomes a law, all physicians who are practicing medicine or surgery in any of its branches in the State of Ohio shall register their names, the name of the college in which they graduated, and the date of their diplomas, with the clerk of the Court of Common Pleas in the county in which they practice, or be liable to the penalties of this bill. The clerk of said court shall provide a book for such registration, and shall be entitled to a fee of fifty cents for each registration, and said book shall be open to the inspection of the public at all times. Prosecuting attorneys shall take cognizance of any violation of any of the provisions of this bill, and shall call the attention of the grand jury to the same.

SEC. 6. This bill shall take effect and be in force from and after its passage.

—Dr. E. W. Main, a prominent physician of Flat Brookville, Sussex county, N. J., died March 15th of pneumonia, aged 45 years. He was a native of Sussex county, and married a sister of Dr. H. R. Linderman, Superintendent of the United States Mint.

The Woman's Medical College.

The twenty-fourth annual commencement of the Woman's Medical College was held March 16th at Horticultural Hall. The exercises commenced by music given by the Germania Orchestra, led by Prof. Bastert, after which prayer was offered by Rev. James R. Danforth, after which degrees were conferred by T. Morris Perot, on the following graduates:—Mary E. Allen, Pennsylvania; Mary Alice Bennett, Massachusetts; Elizabeth H. Bigelow, Massachusetts; Adella I. Brindle, Pennsylvania; Anna Eddowes, Pennsylvania; Mary A. Eckhardt, West Virginia; Emma F. Gaston, Ohio; Ellen F. Taft-Grimes, Ohio; Adelheid Lukanin, Russia; Mary Emma Robinson, New Jersey; Eugenia C. Sheets, Pennsylvania; Elizabeth W. Witherbee, Massachusetts.

The valedictory address was delivered by Prof. Emeline H. Cleveland, M. D.

The Philadelphia College of Pharmacy.

On the evening of March 14th was held the fifty-fifth annual commencement of this institution. The degree of graduate in Pharmacy was conferred on 104 students.

Candidate for the certificate of proficiency in Chemistry and Materia Medica, Chipman Botsford, Canada.

Prof. Robert Bridges awarded the Proctor prize.

Prof. Joseph P. Remington, Ph. C., delivered the valedictory address to the graduates, which was well received.

The annual reception to the graduating class was given by the Alumni Association. An introductory address was delivered by Dr. A. W. Miller, president of the alumni, after which certificates of membership were presented to the graduating class. The orator of the evening, Charles L. Eberle, was then introduced, and delivered an interesting address.

Toxicological Notes.

—A case of poisoning, of a four-year-old child, from stockings dyed with picric acid, is reported from Utica, New York. The color of the stockings was brown. A piece was cut from one of them and placed in hot water for a moment. Then placing it between the teeth a very bitter taste was perceptible.

—Recent English papers give an account of a suit brought against a Mr. Malcolm, the proprietor of an extensive room-paper warehouse, for the sum of £22, for expense incurred by the plaintiff "in procuring medicine and medical attendance for his children through illness brought on by arsenic contained in room-paper purchased in Mr. Malcolm's establishment." Dr. Hodges, of Belfast, the well-known analyst, examined the paper, and proved that it contained arsenic. The defence was, that the defendant had no knowledge of arsenic being in the paper.

Jefferson Medical College.

The catalogue of this College shows a class of five hundred and five students, representing thirty-three out of thirty-seven of the States of the American Union, two of the Territories, the United States Navy, Canada, Cuba, New Brunswick, Cape Breton, Prince Edward's Island, Mexico, Nicaragua, Costa Rica, Central America, England, Ireland, Wales, France, Germany, and Bohemia. The reception of this catalogue is a reminder that the work upon the new Hospital building adjoining the College is being pressed forward with the hope that it may be ready for use before the close of the building season of the present year—a hope which depends somewhat upon the money aid the building fund receives.

Charitable Institutions.

The fourth anniversary of the Franklin Reformatory Home for Inebriates was held in this city last week. Since April, 1872, there have been received into the Home 567 inmates, and there are now 257 men known to be saved. In this number were the fathers of 473 children, who no longer roam the streets as beggars, but are now in happy homes.

A number of ladies and gentlemen, feeling the great need of a "Home for Aged Couples," have organized a Board of Managers and established such a Home, where man and wife in their old age will not be separated. It is non-sectarian in its character. The Home is situated on the northwest corner of Seventeenth and Arlington streets.

Southwestern Texas Medical Association.

At Corpus Christi, Texas, March 1st, 1876, quite a number of physicians met, and organized a medical association, by the election of Dr. R. A. Nott, President; Dr. E. A. Spohn, Vice-President; Dr. T. H. Nott, Corresponding Secretary; Dr. L. S. Burke, Recording Secretary; Dr. Hamilton, Treasurer.

Its official designation is that above given.

Centenarians.

Capt. Frederick Lahrbusch, of No. 513 Third avenue, New York, who says he served under Wellington and guarded Napoleon on the island of St. Helena, reached his one hundred and tenth birthday last week. In honor of this remarkable event a dinner was given him. The old gentleman is, considering his age, in good health, his memory is not impaired, and he speaks several languages with fluency.

The editor of the *Press* of this city says:—

"We have before us, in his own handwriting, a letter which reads as follows:—'John Smith, 1023 South Fifth street, was born January 24, 1772, in the village of Thurlastone, in the county of Leicester, England. I am permitted to enter the 24th of January, 1876, at 105 years of my age. These lines are for my much-

esteemed friend, Mr. Berry. Please accept my sincere affections for your future life. I am your humblest, John Smith.'

"Mr. Smith has not at all the appearance of a very old man, and he moves about without difficulty. In conversation he is remarkably bright and cheerful, displaying at times evidences of wonderful powers of concentration and retentiveness of memory in one so old."

These seem authentic examples of great age.

Vivisection to be Legalized.

The Royal Commission, appointed by the Parliament of Great Britain, to report on experiments on living animals, recommend the enactment of a law which shall vest in the Secretary of State the power of granting licenses to persons desirous of performing experiments upon living animals. The licenses would bear conditions calculated to ensure that, in no avoidable case, should suffering be inflicted; and that, where unavoidable, it should be reduced to a minimum. The responsible minister should be guided by the opinion of advisers of competent knowledge and experience, whose names should be publicly made known, and some similar measures.

Vital Statistics of London.

London, the largest city in the world, in spite of its increasing density of population, showed in 1875 no increase of mortality; the death-rate was 25 in the ten years 1841-'50, and 24 in each of the two following decades. We are told that the death-rate of the city of London was "80 per 1000 in the latter half of the seventeenth century, 50 in the eighteenth, against 24 in the present day." The mortality in the liberties of the city of London, within and without the walls, was equal to 430 per 1000 in 1665, the year of the great plague; whereas in the cholera year 1849, the most remarkable English epidemic year of modern times, the death-rate in London did not exceed 30 per 1000.

Items.

—The druggists of Minnesota are much concerned about the enforcement of a law passed in the Legislature of that State authorizing the levying of a tax of ten dollars on every druggist for the support of the State Inebriate Asylum. A large delegate convention of this class of tradesmen was held in Minneapolis, at which the law was denounced as an outrage on their rights.

—A rival of Tom Thumb has appeared in Binghamton, New York, in the person of a boy five years old, who weighs nine pounds when fully dressed, is twenty-three inches in height, is physically perfect and healthy, and who talks very distinctly. The child weighed but two and a half pounds at birth, and has not grown since he was a few months old.

—At the conclusion of Dr. Toner's address to the Alumni Association of Jefferson Medical College, delivered Friday evening, March 10th, at the Hall of the College of Physicians, Dr. Addinell Hewson, who presided at the meeting, extended a general invitation to the audience to adjourn to his house. Here a pleasant surprise met the large number who accepted the invitation, in the shape of a handsome entertainment provided by Dr. Hewson.

—The *Allgemeine Medicinische Central-Zeitung* states that in one district several foxes, which were shot, were found to contain in their muscles a large number of free and encapsulated trichinae.

Personal.

—Memphis, Tenn., March 12th.—Dr. W. F. Southern, a well-known dentist, was found dead in his bed this morning. Coroner's verdict: Hemorrhage.

—The post-office address of Dr. E. T. Easley, Secretary of the Surgical Section, American Medical Association, has been changed from Dallas, Texas, to Little Rock, Arkansas.

QUERIES AND REPLIES.

Milk Diet in Confinement.

MR. EDITOR:—Is new sweet milk considered poisonous to a woman immediately after confinement? or if taken, warm or cold, in reasonable quantities is it hurtful? I attended a lady some time ago who drank some cold sweet milk soon after her confinement—however, without my consent—and afterward died of puerperal peritonitis. The old women censured me severely for not warning her against milk. I have examined all my authorities on the subject, and find nothing against its use. Some recommend a milk diet.

F. R. K.

Illinois.

Medical Ethics.

Is it professional for an M. D. to distribute his cards on Sunday at a funeral?

Is it professional for him to recommend himself, saying that he has been an army surgeon, and has discovered new remedies, etc.?

DR. W., of Pa.

Reply.—Of course not.

Young Graduate.

For the medical law of Pennsylvania, see REPORTER, May 8, 1875. No other formalities are necessary.

DEATHS.

JEWELL.—At Chester, Pa., on the 14th inst., WILSON, son of the late Dr. Wilson Jewell, of this city.

PARRAMORE.—In Woodland, California, January 10th, 1876, HANSON, son of Dr. E. L. and Mrs. H. E. Parramore, formerly of Accomac county, Virginia.